

# Form CPF M 102: Campaign Finance Report

# Municipal Form NGT ON. MA 02174 Office of Campaign and Political Finance

2020 JAN 21 AM II: 38

30 day after election      Year-end report
Committee to Elect Jeff Thielman  Committee Name  Juli Brazile  Name of Committee Treasurer  56 Coolidge Rd, Arlington, MA 02476  Committee Mailing Address  E-mail: juli@brazile.net
Committee to Elect Jeff Thielman  Committee Name  Juli Brazile  Name of Committee Treasurer  56 Coolidge Rd, Arlington, MA 02476  Committee Mailing Address  E-mail: juli@brazile.net
Committee Name  Juli Brazile  Name of Committee Treasurer  56 Coolidge Rd, Arlington, MA 02476  Committee Mailing Address  E-mail: juli@brazile.net
Juli Brazile  Name of Committee Treasurer  56 Coolidge Rd, Arlington, MA 02476  Committee Mailing Address  E-mail: juli@brazile.net
Name of Committee Treasurer  56 Coolidge Rd, Arlington, MA 02476  Committee Mailing Address  E-mail: juli@brazile.net
56 Coolidge Rd, Arlington, MA 02476  Committee Mailing Address  E-mail: juli@brazile.net
Committee Mailing Address  E-mail: juli@brazile.net
Phone # (optional): 781-641-3433
E INFORMATION:
2010.67
0.00
2010.67
14)
1860.67
ge 6) 0.00
0.00
of my knowledge and belief, a true and complete statement of all campaign finance outributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:    1 7 20
of the coop

#### **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
ine 9: Total Rece	ipts over \$50 (or listed above)		
ine 10: Total Rece	ripts \$50 and under* (not listed above)		
ine 11: TOTAL 1	RECEIPTS IN THE PERIOD	0.00	← Enter on page 1, line 2

<sup>\*</sup>If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

1	ditures. Please include your comm  To Whom Paid	1 3		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
10-7-2019	Arlington Health and Human Services Charitable Corporation	Department of Health & Human Services, 27 Maple Street, Arlington, MA 02476	donation	50.00
4-17-2019	Committee to Elect Robert DeLeo	PO Box 520456 Winthrop, MA 02152	donation	100.00
				150.00
		Line 12: Total Expenditures ov Line 13: Total Expenditures \$5		150.00
		Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	150.00

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	Line 15: In-Kind Contributions over \$50 (or listed above)			
	Line 16: In-Kind Contributions \$50 & under (not listed above)			
* If an in-kind cor	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

## SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
A CONTRACTOR OF THE CONTRACTOR				
and the second s				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0.00